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MEDTRONIC LAW DEPT

NO. 5594

P. 3/4

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02/19/2003

MEDTRONIC, INC.
710 MEDTRONIC PARKWAY NE
MS-LC340
MINNEAPOLIS, MN 55432-5604
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Sue McCoy (Depositor's name)
[Signature] (Signature)
May 2, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/737,115	12/14/2000	Pamela Jumar	P-9227	8509

TITLE OF INVENTION: METHOD AND APPARATUS FOR DISPLAYING INFORMATION RETRIEVED FROM AN IMPLANTED MEDICAL DEVICE

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	05/12/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
LUU, SY D	2174	345-804000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Girma Wolde-Michael

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Medtronic, Inc.

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

Class Fee

☒ Publication Fee☒ Advance Order - # of Copies 10

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(Date)

[Signature: Girma Wolde-Michael] 05/02/03
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01 FC:1501	1300.00 CH
02 FC:1504	300.00 CH
03 FC:8001	30.00 CH

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